











#### Eastern Area IARR Expectations - 2015

#### 1. Reference Materials - Things to bring with you on assignment...

- a. IARR Guide http://gacc.nifc.gov/eacc/logistics/crews/documents/IARR Guide.pdf
- b. IARR forms (IARR Daily Crew Report, Emergency Release Message Form, IARR Checklist for Injuries) See attached
- c. National Interagency Mobilization Guide 2015 http://www.nifc.gov/nicc/mobguide/index.html
- d. Eastern Area Interagency Mobilization Guide 2015 http://gacc.nifc.gov/eacc/logistics/dispatch/mob\_guide/eacc\_mobguide.htm
- e. Interagency Incident Business Management Handbook http://www.nwcg.gov/pms/pubs/iibmh2/pms902 201208.pdf
- f. Interagency Standards for Fire and Fire Aviation Operations, NFES 2724 (January 2015) <a href="https://www.nifc.gov/PUBLICATIONS/redbook/2015/RedBookAll.pdf">https://www.nifc.gov/PUBLICATIONS/redbook/2015/RedBookAll.pdf</a>
- g. Extra copies of EACG Fire Personnel Standards of Conduct for Deployment <a href="http://gacc.nifc.gov/eacc/logistics/crews/documents/EA">http://gacc.nifc.gov/eacc/logistics/crews/documents/EA</a> Expectations%20of%20Conduct.pdf

#### 2. Time Recording - Emergency Firefighter Time Report (OF-288) -

https://www.nifc.gov/programs/programs documents/CPC/hiring documents/OF288(calculating).pdf

- a. Shifts of 12 to 14 hours a day are permissible.
  - 1. Adhere to Work/Rest Guidelines, 2:1
    http://www.nwcg.gov/pms/pubs/iibmh2/pms902 ch10-1 personnel 201208.pdf
- b. Special authorization required to work more than a 14 hour shift by Center Manager or Acting.
- c. Show breaks (30 minutes) when in Travel Status (mob and demob) and each day worked (6 hour increments while on assignment).
- d. Prior to demob, fax copy of your time report to EACC for review and signature of Center Manager (Time Officer signature) authorizing approval for processing. Time should not be processed by personnel until approved by Center Manager.

#### 3. Self-sufficiency - Possess agency credit card and/or agency purchase card, or personal credit card

- a. Rental car authorization is for SUV (to avoid extra charges, if vehicle is excessively dirty take through car wash prior to turning in).
  - 1. Adhere to Agency Driving Standards and limit any night driving for emergency situations only
- b. Agency cell phone is preferred. If needed, obtain Trac phone upon arrival to location of crews. Personal cell phones are not recommended. If using personnel cell phone, no reimbursement of phone bills or replacement of damaged/lost phone.
- c. Optional: agency laptops or personal home unit or agency responsible for damages, not EACC.

#### 4. Relationships – Make yourself known to...

- a. Incident Management Team Plans, Human Resources, Demob Unit, Operations, Medical Unit and
- b. Host GACC (Coordinator and Crews desk)
- c. Crews and any other Eastern Area resources assigned to incident.
- d. EACC Intel Coordinator James Silverstone.
- e. EACC Center Manager Laura McIntyre-Kelly; Deputy Center Manager: Beth Jablonski.

#### 5. Reporting Timeframes

- a. Daily reports by 1200 local time to EACC Intel Coordinator
- b. Emergency/medical reports, disciplinary, performance problems as they occur. Call ASAP to Center Manager!

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#### 6. Emergency/Medical/Disciplinary Demobs – Time sensitive info, please facilitate quickly

- a. During business hours, contact EACC to talk to Intel Coordinator and/or assistant, if both are tied up, ask for Center Manager or Deputy. **These situations are strictly confidential!**
- b. Injuries fill out IARR Checklist for Injuries. Fax to EACC Intel Coordinator 414-944-3839.
- c. Emergency demobs fill out Emergency Release Message form. Fax to EACC Intel Coordinator **414-944- 3839**.
- d. After or before business hours, call Center Manager, cell phone: 414-530-1403. Deputy Center Manager, cell phone: 610-642-7864.

#### 7. End of Assignment – Wrapping things up...

- a. Do not demob before crews. If necessary, contact EACC for Assignment Extension Requirements form.
- b. Close out report submitted to Center Manager within 10 business days. Include IARR Performance Evaluations from Crew Bosses, Team, etc.
- c. EACC Evaluation from Center Manager/Intel Coordinator prior to next assignment.
- d. Turn in Trac phone to your local dispatch center.

#### 8. EACC Contact Information

- a. Eastern Area Coordination Center 414-944-3811.
- b. Intel Coordinator Fax 414-944-3839
- c. Eastern Area Coordination Center fax 414-944-3838
- d. Center Manager, Laura McIntyre-Kelly, cell phone 414-530-1403
- e. Acting Deputy Center Manager, Brendan Neylon, cell phone 610-742-7864
- f. Intelligence Coordinator, James Silverstone, cell phone 414-343-6632



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# Submit daily to Intel by 1200 your time EACC Intel Fax: 414-944-3839

Date:	rime:	Report taken by:				
Contact Num	Contact Number: Location:					
Incident:			Incident Project Number:			
Location of c	rews and/or reso	ources:				
City/state:						
Morale of crev	ws/resources:					
Significant W	eather and Fire	Activity Ir	formation:			
Injuries: (Fill o Name / Crew#		ecklist for	Injuries and fax to EAC	C / Intel)		
Medical/Emergency Releases: (Complete and Fax Emergency Release Form to EACC/Intel)						
Discipline Problems: (Provide documentation ASAP)						
Additional No	tes:					

Date: \_\_\_\_\_

# EASTERN AREA IARR DAILY CREW REPORT FORM (con't) t daily to Intel by 1200 your time EACC Intel Fax: 414-944-3839

Submit daily to Intel by 1200 your time

Crew Name:Today's assignment:	CRWB:	Fire Name:	
Crew Name:Today's assignment:	CRWB:	Fire Name:	
Crew Name:Today's assignment:	CRWB:	Fire Name:	
Crew Name:Today's assignment:	CRWB:	Fire Name:	
Crew Name:Today's assignment:	CRWB:	Fire Name:	
Page of		Date:	













## EASTERN AREA IARR CHECKLIST FOR INJURIES EACC Intel Fax: 414-944-3839

Injured Person's Name:					
Reporting Date:	Time:				
IARR:	Contact Phone #:				
Crew Name and Number:					
Injured Person's Agency / Unit:					
Incident Name:	Incident Number:				
Injury Date:	Injury Time:				
Nature and Cause of Injury:					
Treatment Facility:					
Treatment:					
Current Status (check one):	days Date:				
Follow-up Notes:					

### **EASTERN AREA IARR CHECKLIST FOR INJURIES (con't)**

Injured Person's Name:	Date:			
Follow-up Notes:				
-				
-				
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**EACC Intel Fax: 414-944-3839** 

### **Eastern Area Emergency Release Message Form**

Name:				Crew / Engine Na	ame:			
Current Ord Original Ord	current Order:		Curren Origina	Current Fire Name: Original Fire Name:		Current Req. #: Original Req. #:		
Emergency	Message / Re	eason for Relea	ise:					
Flight Itinera	ary:							
Date	Airport	ETD	Airline	Flight #	Airport	ETA	Tail #	Make/Model
Documenta	tion:							
		From/To	)		Acti	on Taken		

